

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390068	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/09/2023
NAME OF PROVIDER OR SUPPLIER: UPMC LITITZ STATE LICENSE NUMBER: 380101		STREET ADDRESS, CITY, STATE, ZIP CODE: 1500 HIGHLANDS DRIVE LITITZ, PA 17543			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
P 0000	INITIAL COMMENT	P 0000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE					
TITLE:					
(X6) DATE:					

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P 0000	<p>Continued from page 1</p> <p>This report is for new services to begin on June 16, 2023, for use at UPMC Lititz. This service expansion of the existing Telemedicine services will include the following telemed services:</p> <p>Dermatology, PICU, Psychiatry/Crisis Management/Social Worker(s), EICU Services, Emergency Services, ER Service - Sexual Assault Nurse Examiner (SANE), Endocrinology, Family Medicine, Gastroenterology, Geriatric Medicine, Infectious Dis, Internal Medicine, Neurology, Ophthalmology, Palliative Care, Orthopedics, Diet/Nutritional, Pain Services, OB/MFM, Pastoral Care, Pulmonology, Dental, Rheumatology, Podiatry, Pathology, Nephrology, Oncology, Surgical Consult, Speech Therapy, Occupational Therapy, Physical Therapy, Primary Care Services, Radiology, Sleep Services, Tele Sitter/Observation, Transplant Services, Urgent Care, Urology, Vascular, Wound Care, Cardiology, and Cardiovascular.</p> <p>UPMC Lititz attested they were in full compliance</p>	P 0000			

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P 0000	Continued from page 2 with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 PA Code, Part IV, Subparts A and B, November 1987, as amended June 1998.	P 0000			



Certified End Page

UPMC LITITZ

STATE LICENSE NUMBER: 380101

SURVEY EXIT DATE: 05/09/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY